

# Nodaway County Ambulance District

## APPLICATION FOR EMPLOYMENT

(Please print the requested information in ink)

This application will be considered active for 1 year. If you have not been employed within this period and are still interested in employment at Nodaway County Ambulance District, contact the office and request that your application be reactivated.

Nodaway County Ambulance District is an Equal Opportunity Employer. All applicants and are considered for hire, promotion and job status, without regard to race, color, religion, sex, national origin, age, handicap.

### **PERSONAL INFORMATION:**

\_\_\_\_\_  
Last Name/First Name/Middle Initial Social Security No.

\_\_\_\_\_  
Street Address City State Zip Telephone No. (\_\_\_\_\_)\_\_\_\_\_

Are you 18 years old or older?  Yes  No

Do you have any relatives employed by Nodaway County Ambulance District?  Yes  No

If yes, state Name/Relationship \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_  Full time  Part time  PRN  
Shift Preference:  "A" Shift (06:00 to 06:00)  "B" Shift (18:00 to 18:00)  "C" Shift (10:00 to 22:00)  Any or other shift

Are you willing to take call if needed?  Yes  No

Are you willing to relocate to Maryville? (not required)  Yes  No

At what date would you be available to start work? \_\_\_\_\_

Do you have any physical, mental, or medical impairments or disability that would limit your job performance for the position which you are applying?

Yes  No (if yes please explain): \_\_\_\_\_

In the past three years have you ever knowingly used any narcotic, amphetamine or barbiturates, other than those prescribed to you by a physician? If yes please explain:

Yes  No \_\_\_\_\_

Are you a military veteran?  Yes  No If yes, What Branch? \_\_\_\_\_

Motor vehicle moving violations?  Yes  No \_\_\_\_\_

Have you ever had any of the following Revoked or suspended? If, Yes please explain:

Motor vehicle License?  Yes  No \_\_\_\_\_

Any EMS License?  Yes  No \_\_\_\_\_

Can you speak, read and write the English language?  Yes  No, other languages? \_\_\_\_\_

**EDUCATION:**

List names and locations of schools attended, courses of study, and whether you graduated.

High School: \_\_\_\_\_

College: \_\_\_\_\_

Technical School: \_\_\_\_\_

Years Completed	JUNIOR HIGH			HIGHSCHOOL					(GED)	COLLEGE				POST GRADUATE			
	6	7	8	9	10	11	12		1	2	3	4	1	2	3	4	
	<input type="checkbox"/>																

DEGREED EARNED: \_\_\_\_\_

CURRENT CERTIFICATIONS/SKILLS: \_\_\_\_\_

**WORK EXPERIENCE:**

Please list your employment record, explaining any periods of unemployment. Begin with your most recent employer.

Company Name	Address & Phone	Dates of Employment	Position Held	Work Performed	Reason for Leaving
		From _____ To _____			
		Rate of Pay _____	Name of Supervisor _____		
Company Name	Address & Phone	Dates of Employment	Position Held	Work Performed	Reason for Leaving
		From _____ To _____			
		Rate of Pay _____	Name of Supervisor _____		
Company Name	Address & Phone	Dates of Employment	Position Held	Work Performed	Reason for Leaving
		From _____ To _____			
		Rate of Pay _____	Name of Supervisor _____		
Company Name	Address & Phone	Dates of Employment	Position Held	Work Performed	Reason for Leaving
		From _____ To _____			
		Rate of Pay _____	Name of Supervisor _____		

Are you currently employed?  Yes  No    May we contact your present employer?  Yes  No

Please describe any special skills, training or certifications you have that may qualify you for the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL REFERENCES:**

1. \_\_\_\_\_  
Name Address Phone

2. \_\_\_\_\_  
Name Address Phone

3. \_\_\_\_\_  
Name Address Phone

**PLEASE READ THE FOLLOWING PARAGRAPH BEFORE SIGNING THIS APPLICATION**

I certify that the information contained in this application is correct to the best of my knowledge and I understand that any misstatement or omission of information is grounds for dismissal in accordance with Nodaway County Ambulance District policy.

I authorize Nodaway County Ambulance District, if offered a position, to conduct an investigative background check. I authorize the references listed above and previous employers to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand that any offer of employment is contingent upon the receipt of a satisfactory background check.

In consideration of my employment, I agree to conform to the rules and regulations of Nodaway County Ambulance District, and understand that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either the District or myself.

Applicant Name (Printed) \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Print this form, then complete & sign, mail to:

Nodaway County Ambulance District  
103 Carefree Drive Maryville, MO 64468-3628

Fax 660-582-3728  
or E-mail to [jmcqueen@ncademail.com](mailto:jmcqueen@ncademail.com)

If E-mailing, please be aware that you are sending personal information over an unsecure e-mail.

You can also send an e-mail and request that I respond to you in a secure e-mail so that you can send the application securely.